<b>PAY INQUIRY</b> For use of this form see AR 37-104-3; the proponent agency is USAFAC.		BLOCK NU	JMBER	
		INQUIRY NO.	DATE	
SECT	TION I (To be completed by sold	lier)		
AME (Last, First, Middle)			GRADE	
UNIT	L		PHONE NUMBER	
NATURE OF PAY INQUIRY (Be specific)				
OFOTION	W/Ta ha a see that he be the Co			
SECTION II (To be completed by Unit Commander)			TI NUMBED	
☐ 1. Supporting document(s) submitted or will be submitted to finance.		DATE	TL NUMBER	
2. Local payment. Soldier has been counseled regard appropriate word) the local payment.	fing impact on future pay. My	recommendation is to appr	ove/disapprove (cross out the	
☐ 3. Other (Specify)				
Signature of Unit Commander (or soldier as appropriate).			DATE	
SECTI	ON III (To be completed by Fina	ance)		
Allotment Entitlements	Collection	Leave		
PROBLEM Non-receipt Check Non-rec	ceipt LES	ecify)		
	INQUIRY ANALYSIS CAUSE			
☐ 1. Non-receipt of document from Unit Commander.	2. Late re	ceipt of document from Ur	nit Commander.	
□ 3. Document received - Finance did not process. □ 4. Document received and processe		d but rejected on DJUOL.		
but too late to be processed prior to JLIMPS cutoff		oblem with prior station.		
		Specify)		
DESCRIPTION OF CAUSE AND ACTION TAKEN.				
	ACTION REQUIRED			
☐ DA Form 3684 ☐ Local Payment ☐ Other (Specify)	INQUIRY EVAL	INQUIRY EVALUATION  ☐ Valid ☐ Invalid		
DATE APPROVED LOCAL PAYMENT PAID SIG		SIGNATURE OF PAY CLERK		